



042104

13281 U.S. PTO

Atty. Dkt. No. 040356-0511

17513 U.S. PTO  
10/828288

042104

*IN THE UNITED STATES PATENT AND TRADEMARK OFFICE*

Applicant: Susumu KOMIYAMA et al.  
Title: DRIVE CONTROL DEVICE FOR HYBRID VEHICLE  
Appl. No.: Unassigned  
Filing Date: **APR 21 2004**  
Examiner: Unassigned  
Art Unit: Unassigned

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Susumu KOMIYAMA  
Hideaki INOUE  
Hiroshi IWANO  
Ichiro YAMAGUCHI  
Takatora NEGOME

Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (35 pages).
- [ X ] Formal drawings (9 sheets, Figures 1-11).
- [ X ] Declaration and Power of Attorney (4 pages).
- [ X ] Assignment Recordation Cover Sheet.
- [ X ] Assignment of the invention to NISSAN MOTOR CO., LTD.

- ☒ Information Disclosure Statement.
- ☒ Form PTO/SB/08 with copy of 1 listed reference.
- ☒ Application Data Sheet (37 CFR 1.76).
- ☒ Claim for Convention Priority with 1 certified Japanese priority document.

The filing fee is calculated below:


	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	18	- 20	= 0	x \$18.00 =	\$0.00
Claims:					
Independents	6	- 3	= 3	x \$86.00 =	\$258.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$1028.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$1,028.00
Assignment Recordation Fee:			+	\$40.00 =	\$40.00
TOTAL FEE				=	\$1,068.00

- ☒ A check in the amount of \$1,068.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date APR 21 2004

By 

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